

<b>Case Number:</b>	CM15-0181030		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/21/1985
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male, who sustained an industrial injury on 5-21-85. The documentation on 8-4-15 noted that the injured worker has complaints of pain along the lower back and right knee. The injured worker reports that he is taking his medications only as prescribed and reports his medications continue to reduce his pain level with minimal side effects. The injured worker reports that with the reduction of his pain he has improved function and is able to do more in and outside of the home such as basic household activities of daily living. The injured worker reports that emotional he is more stable, less irritable, and emotionally labile than without medications. The injured worker rates his pain level as 6 out of 10 with medications and 7 out of 10 without medications. Lumbar spine examination reveals range of motion is restricted with flexion limited to 30 degrees due to pain, extension limited to 0 degrees due to pain, lateral rotation to the left limited to 20 degrees due to pain and lateral rotation to the right limited to 20 degrees due to pain. On examination of paravertebral muscles, tenderness is noted on both the sides. Straight leg raise test is positive on the left side in sitting at 45 degrees. There is bilateral lumbar paraspinals and tenderness to palpation. The documentation noted that there is a history of right knee torn cartilage on 6-10-15. The diagnoses have included lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc; lumbar facet syndrome and knee pain. Treatment to date has included acupuncture has been extremely effective; cortisone injection but the knee continues to buckle; home exercise program and

knee brace at all time when ambulating and using his straight cane. The injured workers current medication were listed as tizanidine; Flomax; lamictal; prevacid; proscar; vivactil; zoloft; donnatal elixir; phenergan; lipitor and requip. The original utilization review (9- 1-15) non-certified the request for magnetic resonance imaging (MRI) of the lumbar spine without dye.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI (magnetic resonance imaging), Lumbar spine without dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI (magnetic resonance imaging), Lumbar spine without dye spine is not medically necessary.